

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 869060 RECEIPT DATE: 06 / 25 / 01  
IA NUMBER: PCT/ GB99 / 04442 IA FILING DATE: 12 / 30 / 99  
FAMILY NAME: FRANTZEN DELAY WAIVED (Y/N): N  
GIVEN NAME: FRANK DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 01 / 05 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 09100.021 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 3018960600  
FAX :

NAME: KAREN LEE ORZECHOWSKI  
LINIAK BERENATO LONGACRE & WHITE  
STREET: 6550 ROCK SPRING DRIVE SUITE 240

CITY: BETHESDA  
STATE/COUNTRY: MA ZIP: 20817

EMAIL:

APPLICATION TITLES:  
ASSAY FOR HOMOCYSTEINE

TAB TO LAST POSITION, PUSH SEND